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MASSACHUSETTS

TITLE V MATERNAL AND CHILD HEALTH SERVICES BLOCK GRANT:
DESCRIPTION OF INTENDED EXPENDITURES AND STATEMENT OF ASSURANCES

To The Secretary, United States
Department of Health and Human Services

From the Commonwealth of Massachusetts

GOVERNMENT DOCUMENTS
COLLECTION

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Governor

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EXECUTIVE SUMMARY DRAFT

EXECUTIVE SUMMARY

In compliance with the 1981 amendments to Title V of the Social Security Act, which created the Maternal and Child Health (MCH) Services Block Grant, the following document describes Massachusetts' intended use of MCH Block Grant funds in FFY'88, beginning October 1, 1987. As in prior years, this document addresses the entire Massachusetts MCH program, administered by the Department of Public Health's Division of Family Health Services, and thus also covers state funded programs, the federal Special Supplemental Food Program for Women, Infants and Children (WIC), and programs or initiative funded through other federal grants.

While the remainder of this document presents information on the broad array of Division-supported programs addressing the needs of women, children and their families in Massachusetts, the Executive Summary highlights some of the major issues and priorities which will shape Division programs in FFY'88 and beyond. A brief review of FY'87 issues and priorities provides background for the discussion of FY'88.

FY'1987 - A YEAR OF CHALLENGE AND TRANSITION

FY 1987 stood as a year of major challenge for the Division of Family Health Services, and heralded the beginning of a significant time of transition in its development as an organization. Following a five year period of rapid growth in the scope, size and visibility of its services, when state funding increased approximately 750% from FY'82 to FY'87, the Division identified the need to assess and strengthen its organizational and managerial capacity to effectively plan, implement, integrate, monitor and evaluate the expanded set of initiatives and programs for which it is responsible. This effort was identified as a priority in the FY 1987 MCH Block Grant plan.

The Division's ability to achieve extensive progress in this priority area was constrained by diminished resources, both in staffing and funds. Over the fall and winter months of late 1987, three of the Division's senior managers left the Division, including the Division Director and the Assistant Directors for Maternal and Child Health and for Administration. The Acting Director for Maternal and Child Health, and the Directors of Services for Handicapped Children, Policy and Statistics and Evaluation worked as a management team with the Department's Assistant Commissioner for Community Health Services to manage the Division.

This team was challenged not only with the tasks of assuring the effective day to day management of the Division and with achieving progress on identified high priority planning and program goals, but also confronted the need to achieve cost savings and avoid service reductions due to diminished federal MCH Block Grant Support. In FY'87, the Division received \$9.2 million in MCH Block Grant appropriations, the same level as FY'85. The impact of the FY'1986 Gramm-Rudman rescission of almost \$400,000 was felt in FY'87, adding to the cumulative burden of attempting to maintain services and personnel without additional federal funding to cover inflation, cost of living and salary upgrading adjustments for contracted providers, increases in fringe benefits and indirect cost rates, or collective bargaining increases.

Despite these limitations, the Division achieved significant success not only in maintaining services, but in moving forward in planning and implementation of high priority areas identified in the FY'87 MCH Block Grant Plan. These included: initiatives to reduce low birthweight and infant mortality; reassessment of the Division's role in meeting the needs of disabled and chronically ill children and youth; and improving the nutritional status of high-risk women and children. These accomplishments are summarized briefly below.

Reducing Low Birthweight and Infant Mortality

FY 1987 represented the first full year of implementation of initiatives resulting from increased state funding for many of the recommendations of the Department's Task Force on Prevention of Low Birthweight and Infant Mortality. Healthy Start, the program intended to increase early and continuous utilization of comprehensive maternity care services by low income uninsured women, was projected to pay for the care of 6,000 women in state FY'87. Over 8,000 women were enrolled between December, 1985 and April, 1987. Standards for prenatal and hospital perinatal services were drafted by Division staff and submitted for external review by the end of FY'87. Twelve community-based coalitions to assess and develop strategies to meet the needs of high-risk women and infants were supported. Statewide Competitive Request-For-Proposals for FY'88 Maternal and Infant Care, Children and Youth, High-Risk Infant, and Regionalized Perinatal Care were conducted, with emphasis placed on community outreach and service coordination. Analysis of the data from the federal MCH special project (SPANS) grant funded survey of women on factors influencing utilization of prenatal care was completed and innovative projects in four target communities initiated. Expanded and less restrictive Medicaid eligibility criteria for pregnant women and infants also aided the state in its efforts to improve birth outcomes. Additionally, a Medicaid rate for MCH nursing home visits provided by agencies approved by the Division of Family Health Services further strengthened resources available for the state's maternal and child health service system.

Invitations to the Division to participate in national meetings on improving access to comprehensive maternity care, hosted by the National Governor's Association, the Children's Defense Fund, and the National Institute of Medicine underline the attention that Massachusetts infant mortality reduction initiatives are receiving as national models. Healthy Start in particular has been cited as the most comprehensive state funded maternity care initiative in the nation, as no other state currently guarantees coverage for inpatient as well as outpatient care, or serves all eligible women in the state.

The need for a concerted and comprehensive attack on the problems of low birthweight and infant mortality was underlined with the release of 1985 vital statistics data, showing another increase in the statewide infant mortality rate (IMR) in that year. In 1984, the Department had convened its Task Force on Prevention of Low Birthweight and Infant Mortality due to its concern over the statewide increase in infant mortality in 1982, and the consistently higher rates for high-risk groups and communities. The 1985 data revealed that this concern was more than warranted. The statewide IMR rose from 8.9 in 1984 to 9.1 in 1985, driven largely by an increase in newborn deaths in Boston and among blacks. The IMR for blacks increased by 46%, from 15.1 to 22.1,

standing at 2 1/2 times the rate for white infants. The proportion of women receiving adequate prenatal care also continued the decline which began in 1981.

The Department moved immediately to work with the City of Boston to examine possible explanations for the rise in infant mortality and decline in prenatal care in the city. The Task Force on Prevention of Low Birthweight and Infant Mortality was reconvened and expanded to look at the statewide data and review the initiatives implemented since 1985 to address these problems in order to recommend changes or additional initiatives.

Reassessing the Division's Role in Serving Youth with Special Health Care Needs

In FY'87, the Division of Family Health Services completed its extensive review and assessment of the recommendations made by Project Serve, the federally funded needs assessment and planning project. The Division's response to the project, outlining future policy and program directions to meet the needs of chronically ill and disabled children in Massachusetts has been completed. This document lays out the framework from which specific workplans and timetables will be developed. The Division's response endorses nearly all of Project Serve's recommendations, signaling the beginning of a process of change that will take years to fully implement.

At the same time, the Division worked to expand upon existing community support services, in line with the general thrust of Project Serve's recommendations. With state funding, two four-bed community residences for severely-disabled youth were initiated, and a third was slated for funding by the end of FY'87. Home health care services were also expanded with state funds, and a special grant allowed for recruitment of home health, foster and adoptive care providers for children and youth with special health care needs.

Enactment of P.L. 99-457, amending the nation's special education statute, provided the impetus to move forward aggressively on Project Serve's recommendation to entitle children, birth through three years old, to early intervention services. P.L. 99-457 will provide states with funding support to plan and implement for this entitlement. In FY'87 the Division's Early Intervention program prepared for this effort by conducting regional hearings on use of the planning funds.

☞ Improving Nutritional Status of High-Risk Women and Children

Considerable progress was also made in this priority area, with \$2.5 million in additional state funding in FY'87 for the Special Supplemental Food Program for Women, Infants and Children (WIC), allowing the program to increase participation to over 68,000, or an estimated 47%, of the eligible women, infants and children. An advisory committee to the program was also established, and a consultant hired to begin the redesign of the Management Information System. WIC also collaborated with the state's Department of Agriculture in implementing a pilot project to provide coupons for Massachusetts grown produce to WIC participants, redeemable at farmer's markets.

Pediatric nutrition surveillance was piloted in the Worcester area, and the results used to plan for phased-in statewide surveillance of children using Head Start programs and Children and Youth primary care projects. The

Office of Nutrition and Statistics and Evaluation Unit also collaborated with emergency food providers to conduct the first statewide survey of utilization of food pantry and meals programs.

Training, technical assistance and education on nutrition issues was provided by the Office of Nutrition through regional programs on breastfeeding; a statewide conference on women, children and the elderly; joint education and training programs with other Division and Department staff for Division of Youth Services' residential programs; substance abuse programs and correctional facilities; as well as to other Division programs and staff to ensure integration of nutrition services into other Division and Department programs.

Interagency collaboration was facilitated by the ongoing work of the Massachusetts Nutrition Board, comprised of state agency representatives and nine gubernatorial appointees. The Board identified the promotion of coordinated outreach for food and nutrition assistance programs as its major priority, and drafted legislation to promote this goal at the community and statewide levels. The resulting bill received a favorable report from the Joint Committee on Health Care.

Planning for integration of nutrition services with programs serving children with special health care needs was initiated. A Nutrition Profile Survey for Early Intervention programs was conducted and preparation of a resource directory begun.

Other Accomplishments

This brief review of progress on FY'87 priority areas is not intended to serve as a full accounting of the accomplishments of the Division across the broad range of programs and goals and objectives it addresses. These are more fully detailed in the MCH Annual Report, available in the spring following the close of the federal fiscal year. However, other significant achievements in FY'87 included: completion of a survey of Cambodian women on their perceived health related problems and needs; a statewide conference on school-based health programs; finalization of a data resource book on injuries in Massachusetts; improved integration of health and safety standards in day care licensing regulations promulgated by the Office for Children; and extensive efforts to coordinate with other state agencies in the development of policies and delivery of services to improve the well-being of Massachusetts' women, children and families. The latter included efforts focused on area-based individual service planning; teen pregnancy prevention; mental health services for children; refugee health services; violence and crime prevention; transitional planning for those "turning 22"; day care; health education; and others.

FY'88 - A YEAR OF ASSESSMENT, PLANNING, AND INTEGRATION

The priorities and challenges of FY'87 will clearly carry-over to FY 1988, and the prospect of additional resources in some areas offers the potential for significant further progress in addressing high priority goals for improving the health of women and children in the Commonwealth. To maximize the effectiveness of the resources available, the Division recognizes the need to examine its organizational structure and systems including the



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relationship and respective roles of Central Office Units and Regional offices; planning and budgeting processes; and data, monitoring and evaluation systems.

The Division underwent a major reorganization in 1980-81 when Central Office Units were organized around logical groupings of program focus. A Statistics and Evaluation Unit was created, and has expanded over the years in the Division's successful efforts to establish data systems for programs, conduct needs assessments, carry out research and analyze data sets such as vital statistics to aid policy, planning and program development. The creation of the Policy Office in 1983 added a limited capacity to analyze, plan for and develop strategies to positively influence the broader social and political environment affecting the needs, problems and services rendered to women, children and families. This Office has also taken on the role of developing planning mechanisms, providing information and education to the public, and managing special policy research and development projects.

The Administration Section has implemented new state accounting systems and processed increasingly large volumes of contracts, invoices and personnel actions, with very little change in systems, staffing or procedures.

The Family Health Services component of the Department's Regional Offices historically was responsible primarily for operation of clinics for handicapped children. The Division's expansion over the past five years has resulted in additional regional staff to provide services and monitor programs that are administered by Central Office Unit Directors. The lack of a Boston Regional Office has been identified as an obvious deficiency, with some Division programs establishing Boston offices or Boston staff, and others offering Central Office personnel to deal with Boston-specific issues.

What is apparent is that the Division has to a large extent handled its rapid growth by adding on to existing structures and systems rather than adapting or altering them to manage the broadened set of mandates and services for which it is responsible. While this approach to expansion allowed for timely implementation of critical initiatives including the transfer and expansion of early intervention programs, expansion of WIC, initiation of Healthy Start and other IMR reduction initiatives, incorporation of Women's Health programs and expansion of rape crisis services, the Division recognizes that its current organization and systems must be revamped to ensure that the Division's mission and functions are carried out as effectively as possible.

Under the leadership of a new Division Director, who should be in place by the fall of 1987, and with the support of a new Commissioner, the Division intends to focus on these issues of structures and systems as it moves forward to strengthen, better integrate and coordinate, and expand the wide range of services it supports. A new Assistant Director of Administration was hired on June 1, 1987, and efforts to assess and improve budgeting, fiscal, contracting and personnel systems and procedures will commence over the summer of 1987.

The Division will be examining the most effective ways to strengthen its capacity to carry out functions that it views as critical to achieving its goals and objectives. Many of these functions were stressed in Project Serve's recommendations, and are relevant to the Division as a whole. In

assessing and strengthening capacity in these areas, the Division will be examining the roles and staffing of regional offices, central office program units, and central office support units. These functions include:

- Policy analysis and planning, including development of the capacity and expertise to conduct health care financing analysis and planning.
- Information, education, outreach, technical assistance and training to the public, consumers of family health services, and providers.
- Program monitoring across all Division contracted programs.
- Data and management information systems, including attention to consistency and integration of separate data sets.
- Standard setting and quality assurance.
- Due process procedures.
- Consumer participation at both policy and service delivery levels.

Paramount in the Division's efforts to improve capacity in these functional areas will be attention to promotion of service coordination at the individual community and client levels. The effectiveness of improvements in central and regional office operations must be evaluated for their success in promoting a comprehensive and well-coordinated network of family health related services at the community level. Consumers and community agencies must be knowledgeable of and readily able to access the full range of services available to meet their needs. Structural and functional changes must support the integration of the Division's wide range of services, so that they are administered and accessible as an integrated whole rather than a collection of separate programs. The role of case management or case coordination in Division services will be a critical component of this effort.

Focus on the goal of community coordination and integration will also be an integral part of the Division's efforts to achieve further progress in improving women's and children's health in the priority areas described in the next few pages. Before discussing these priorities, potential new resources to address family health needs are described.

Potential Additional Resources Available in FY'88

1986 amendments to the Maternal and Child Health Block grant authorization legislation provided for an increase in federal appropriations of \$75 million in FY'87 and \$79 million in FY'88. Of the amount allocated to the states, one-third is earmarked for services to children, including primary care as well as case management and community based service networks for children with special health care needs. The remainder can be utilized for the general purposes specified for the block grant.

Proposals to appropriate a portion of the authorized FY'87 increase are pending in Congress, and there appears to be support for appropriating the full amount authorized for FY'88. If the funds are appropriated, Massachusetts would receive approximately \$1.1 million, with roughly \$400,000 earmarked for children's services. The additional funds are critically needed to absorb increases in the costs of maintaining existing services and personnel. The Division seeks public comment and recommendation on use of

remaining funds which will be available to fund new or expanded services and personnel. The Division is currently considering the following for support if additional MCH Block Grant funds become available:

- Additional case management staff for children with special health care needs.
- Expansion and innovation in community support services for children with special health care needs, including home health care, respite care adaptive housing services modifications, training and recruitment of home, foster, and adoptive care providers, and recreation programs.
- Addition of a Health Care Financing Analyst to the Policy Office
- Addition of a Nurse to the Division's Central Office Primary Care Unit to ensure a multidisciplinary team to provide technical assistance and program monitoring.
- Support for additional Maternal and Infant Care, Children and Youth and High-Risk Infant programs in high need areas which were approved in the proposal review process, but for which funding was unavailable.
- Development of a comprehensive reproductive health education program targeted to low-income and minority women, emphasizing cancer prevention.
- Development of a program to increase utilization of services by refugee women.
- Development of initiatives to prevent violence and injuries, building on the work done by the Statewide Comprehensive Injury Prevention Program (SCIPP), the 1985 Child Mortality Study, and the Women's Health Unit.
- Funding of Developmental Day Care Programs for severely multiply handicapped children aged 6 months to seven years. Two programs serving 24 children in the southeast and northeast sections of the state are currently funded.
- Implementation of a data system for Children and Youth projects that will provide data required under the recent amendments to the MCH Block grant authorization, as well as for nutrition surveillance.
- Addition of a nurse midwife and health educator to the Perinatal and Genetics Unit to provide training and technical assistance to prenatal care providers, particularly around services to minorities, prevention of pre-term labor and prevention and management of AIDS. Also, addition of a Genetics Associate to work with providers regarding new genetic reproductive technologies.
- Funds to support small community prospects developed by community coalitions to improve access to care and reduce rates of low birthweight and infant mortality.

Additional MCH Block Grant funds, if appropriated, will clearly not be sufficient to maintain existing services, provide improved administrative support, and support all of the initiatives described above. The Division



welcomes comment on the prioritization of these initiatives, as well as others not included above. In addition to considering these areas for use of MCH Block Grant funds, the Division will review them for recommendations to be made for the state FY'89 budget cycle.

The state FY'88 budget process which has not yet concluded, offers potential for expansion in some areas. Proposals generated by the House or Senate include:

- \$75,000 to expand Failure-To-Thrive programs to meet increased need for the programs.
- \$200,000 for coordinated outreach for food and nutrition programs, including WIC.
- \$2 million to serve additional WIC eligibles.
- \$200,000 for Early Intervention Expansion to meet more of the need for the services.
- \$200,000 for women's occupational health programs.
- \$18,000 for Rape Crisis Intervention Services

Additionally, the state FY'88 budget contains proposals for other Departments which would complement or strengthen Division services, including:

- Adoption of newly authorized Medicaid options to expand and improve coverage of pregnant women and young children.
- Medicaid coverage for severely disabled children at risk of institutionalization without deeming of parental income.
- Establishment of a Teen Pregnancy Prevention Challenge Fund administered by the Executive Office of Human Services to support community-based planning and implementation of strategies to address teen pregnancy and parenting.

Finally, the Division will receive funding estimated to be approximately \$1 million to initiate planning for entitlement to early intervention services as authorized under P.L. 99-457. The Division proposes to utilize the funds to expand the capacity of the Early Childhood Developmental Services Unit for program development and monitoring and develop and pilot innovative service models.

While the preceding description identified potential new resources for achieving goals and objectives, the concluding section of this Executive Summary highlights priority programmatic areas for assessment, planning and coordination for existing as well as any new resources. All of these priority areas entail the maintenance or initiation of internal work groups comprised of managers and staff from across the Division which share information and make recommendations for policy, planning and service delivery. The Division also intends to regularly convene Unit, Regional Office and Program Managers to address overall coordination and planning. A two day meeting for this purpose was held at the end of March, and generated many of the issues and recommendations contained in this Executive Summary.

Transition Planning for Clinical Services for Children with Special Health Care Needs

As described at greater length in the Division's response to Project Serve, both Central and Regional Office Committees will be convened to plan for the phase-out of the Division's clinics, developing tools and mechanisms for assessing available private sector services, individual children's discharge planning, and role changes for existing staff. Involvement of parents, providers and the broader public in these planning efforts will be incorporated.

Reduction of Low Birthweight and Infant Mortality

Parallel and complementary to the work of the Task Force on Prevention of Low Birthweight and Infant Mortality, an internal work group will continue to meet through FY'88 to improve coordination in the planning, policies and services that are aimed at reduction of low birthweight and infant mortality, including Healthy Start, WIC, MIC and C&Y Primary Care, Adolescent Programs, High Risk Infant, Perinatal Care Regional Development, Women's Health, as well as research and data analysis that can contribute to program and policy development. Information, outreach, referral and case management among services will be assessed.

Early Childhood Services

In addition to the extensive planning that will be supported by P.L. 99-457, this group will continue to meet through FY'88 to ensure integration of services for high risk pregnant women, mothers and infants and those for early childhood. Emphasis will be placed on developing criteria and mechanisms for early identification and referral to appropriate services offered by the Division or other agencies, including primary care as well as specialized services.

Adolescent Health Services

This group, which includes the Division of Alcohol and Drug Rehabilitation, has already compiled information on adolescent health needs and services provided by the Department as a starting point to exploring improved policies and service delivery models to address the complex and interrelated health needs of adolescents. The work of this group will contribute to the statewide Adolescent Health Coordinating Council, mandated by legislation passed in 1986 to improve coordination of adolescent health services and promote development of service models. Additionally, the group will contribute to planning for the statewide competitive Request-For-Proposals for Division adolescent health and pregnancy programs to be released in FY'88.

Violence and Injuries

With the termination of federal grant money to support the Statewide Comprehensive Injury Prevention Program (SCIPP), and with the completion of the 1985 Child Mortality Study, the Division will be attempting to identify and plan for means to maintain a capacity for research and prevention of both intentional and nonintentional injuries. Injuries, as described later in the needs assessment section of this document, are the leading cause of death for children and adolescents. Non-fatal injuries, including motor vehicle accidents, suicide attempts, physical and sexual assault, all affect the

well-being of thousands of Massachusetts women, children and families. SCIPP has conducted research and developed strategies for prevention of unintentional injuries, and resources are needed to assure their integration into existing regulatory and service systems. Further research and development of prevention strategies for intentional injuries inflicted by self, acquaintances and strangers is needed. Recommendations in this area will be included in the report of the 1985 Child Mortality Study, slated to be released in the fall of 1987.

Acquired Immune Deficiency Syndrome (AIDS)

The Division recently formed and will maintain in FY'88 a work group to address the impact of AIDS on the client and services of the Division of Family Health Services. The group will ensure that the latest information about the disease is communicated throughout the Division, and assess and plan for responsive policy and program development. The Division will continue to work with the Department's Office of Health Resources, which has lead responsibility for AIDS, as well as the Executive office of Human Services, in addressing policy and services targeted to women and children.

This executive summary has reviewed priorities identified for FFY 1987, and identified continued and new priorities for FFY 1988. It should be noted that this summary in no way captures the breadth and depth of the Division's activities, which are described in the document which follows.

